#### STATE OF NEW HAMPSHIRE

# for LOBBYISTS

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NEW HAMPSHIRE DEPARTMENT OF STATE

# 2019 Statement of Income and Expenses (RSA Chapter 15) PLEASE PRINT

1. Name of Lobbyist(s) Jooi Grimbilas, Adam Schmidt DEPARTMENT OF STATE
II. Name of lobbyist's partnership, firm or corporation, if any:
J. Grinbilis Strategic Solutions Lla. (Name of partnership, firm or corporation)
Business Address: (Street)  Northwood  NH  O 3884  (Zip Code)
(403) 496-2638 () e-mail jodi @jgstrategiès «Com. (Fax)
III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).
All reportable transactions occurring in the months prior to the reporting date relative to the following client:
Select Management Resources Ivc.  (Full Name of Client as it appears on the Lobbyist Registration Form)
OR ☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.
IV. Date of Report April 24, 2019 July 31, 2019 U  Reports cover: activity from date of registration to 3/31/19 activity from 4/1/19 to 6/30/19
October 30, 2019
V. There have been no fees received and no reportable transactions made since the last report.  If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.
VI. Check if additional reports are attached:
If you have received fees or made expenditures, you must file Addendum A – Fees and Expenses
☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B— Report of Honorariums or Expense Reimbursement
If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobbyist)  (Date)
Too's Grimbitas (Print Name of lobbyist)

# P L E A S E P R I N T

#### STATE OF NEW HAMPSHIRE

#### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Jooi Grinbilis, Adam	n Schmidt
II. Name of lobbyist's partnership, firm or corporation, if any:	
J. Grimbilas Strategic Solutions 1 (Name of partnership, firm or corporation)	LLC.
III. Name of Client Select Margarent Resources U	
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The greduced by any expenses:	t relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 15,000
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$
c) Total of all fees received to date (Add lines a and b)	c)\$ <u>15,000</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business so than \$10 that is given to the person of with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or political
<ul><li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li><li>b) Total aggregate of expenditures during this reporting period, not reported</li></ul>	a)\$_\5,000
in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period	d) \$ 12,000
(Add lines a, b and c)	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$O
f) Total of all expenses year to date	ns <u>(5,000</u>
VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
·	A A A Committee in Committee
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
Sode Sumb	4/20/19.
(Signature of lobbyist)	(Date)
Josi Grimbilas	
(Print Name of lobbyist)	

### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

# Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying par	tnership, firm, or corpo	oration: J. Grimb	itas Strategic Solutions Cl
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client):			
Date of Report (check			
April 24, 2019 🔽	July 31, 2019 🗆	October 30, 2019 🗆	January 29, 2020 □
the following Addendu submitted):	ims submitted with the		nd Expenses described above, and umber of Addendum forms being
Addendum A(s	).		
Addendum B(s	).		
Addendum C(s	).		
I hereby swear or affirm complete to the best of (Signature of lobbyist)			at and each Addendum is true and  4/23/14 (Date)
			(Date)
Adm Sd	not		
(Print Name of lobbyist	)		